(ix) Pre-award validation/certification of WHO GMP made mandatory in all cases.

Further, after receipt of the report, following actions have been taken:

i) To address the systemic deficiencies pointed out in the World Bank report relating to procurement, implementation and oversight a Joint Action Plan has been finalised after intensive discussions with the World Bank keeping in mind specific interventions and timelines.

ii) Three new cases pertaining to Chhattisgarh and Karnataka referred to CBI for further investigation. One of these was identified through an analysis of the audit report. In a similar case the Government of Orissa has filed a crimijnal case and initiated departmental proceedings.

iii) Government of Orissa has now ordered a full-fledged vigilance inquiry to look into all deficiencies pointed in the World Bank report regarding the State Health System project.

Neo-natal deaths

1624. SHRI JANARDHANA POOJARY:
DR. M.A.M. RAMASWAMY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that as per a UNICEF report, India has the highest number of neo-natal deaths in the world;

(b) if so, the facts of the matter;

(c) the reasons for such high number of infant deaths in the country;

(d) the States which have the highest infant mortality rate in the country; and

(e) the action taken or proposed to be taken by Government to bring down infant mortality rate in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) As per the UNICEF report "State of the World's Children 2008". "The largest absolute number of newborn deaths occurs in South Asia-India contributes a quarter of the World's total — but the highest national rates of neonatal mortality occur in sub Saharan Africa."

(c) Although the infant mortality rate in the country has declined from 80 per thousand live births in 1990 to 57 per thousand live births in 2006 (as per the Sample Registration System, SRS, data from the office of the Registrar General of India), 27 million infants are born every year in the country. The mortality rates applied to these figures translate into large numbers of infant deaths.

(d) State which have the highest infant mortality rates in the country as the latest available SRS data of 2006 are Madhya Pradesh (74), Orissa (73), Uttar Pradesh (71), Rajasthan (67) and Assam (67) per 1000 live births.

(e) Action is being taken by the Union Government to bring down the infant mortality rate in the country. A major initiative is implementation of the Integrated Management of Neonatal and Childhood IIIness (IMNCI) stractegy, which adopts a holistic approach to the management of the commonest causes of neonatal childhood mortality — sepsis, acute respiratory infections, diarrohoea, measles and malaria, all compounded by malnutrition. IMNCI shall be implemented throughout the country in a phased manner.

In addition, thrust is being given to ensure institutional deliveries and train health personnel on essential newborn care so that skilled attendance at birth is available and all newborns received specialized care. Efforts to deliver new born care, both facility based as well as home based, are being made. Micronutrient supplementation with Vitamin A, Iron Folic Acid and Zinc, Infant and Young Child Nutrition are being stressed. Immunization is one of the major thrust areas of the on going Reproductive & Child Health Programme.

The National Rural Health Mission, launched in April, 2005 for a period of 7 years (2005 to 2012) is an overarching initiative with a holistic approach which provides multiple strategic additionalities, like provision for health infrastructure up gradation and a health care worker for every 1000 population, among others and has envisaged reduction in Infant Mortality and Neonatal Mortality as one of the prime goals to be achived.

Hazardous Herbal Formulations

1625. SHRI JANARDHANA POOJARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that all the herbal formulations, including grugs and cosmetics, manufactured in the country contain hazardous substances like lead, arsenic, nickel, cobalt, chromium and copper;

(b) whether any inquiry conducted by Government has confirmed this and the absence of standardization and certification of herbal preparations in the country; and

(c) if so, the details and the action contemplated by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No Sir.

(b) and (c) The Manufacture of Ayurveda, Siddha and Unani herbal and herbometallic preparations is properly regulated in India by the provisions of the Chapter IVA of drugs & Cosmetics ACt 1940, and Rules made thereunder. Good Manufacturing Practices have been enforce for these medicines under which testing of ingredients and finished products for contaminants is an essential requirement. Good Manufacturing Practices have to be enforced by the State Drug Controllers/State Licensing Authorities. Financial assistance is also provided to States for strengthening enforcement mechanism. 29 State Drug Testing Laboratories have been provided financial assistance for upgradation and 26 Private Drug Testing Laboratories and other NABL accredited laboratories have been approved for testing of Ayurveda, Sidda and Unani drugs in the country.

All manufactures have been directed to print all the ingredients and quantities thereof on the label of the medicines or leaflet inserted in the container for information of the consumers. Mandatory testing for heavy metals in purely herbal Ayurveda, Siddha and Unani medicines to be exported has been made mandatory from 01.01.2006 onwards. Direction has also been issued to State Governments to constitute an Expert Committee for advising the State Licensing Authorities before granting licenses for production of patent and proprietary Ayurveda, Siddha and Unani medicines.

There are certain concerns relating to safety of *herbo-metallic* preparations and accordingly a research project has been sanctioned under the Golden Triangle Partnership Project to study the physiochemical characteristics and safety of eight most widely used Bhasmas and Rasushadhies.